Culture and Medicine

Cultural factors influencing the mental health of Asian Americans

Asian Americans are the fastest growing racial group in the United States. They are also one of the most diverse, including at least 43 different ethnic groups who speak more than 100 languages and dialects (box 1). The Asian American population in the United States has grown from fewer than 1 million (0.5% of the total US population) in 1960 to 7.2 million (2.9%) in 1990, to 10,242,998 (3.7%) in 2000. This number is expected to double by 2025. Approximately 7.2 million (70.7%) Asian Americans are foreign born, and Asian immigrants account for 2.6% of the total US population.[2]

KEY CULTURAL FACTORS THAT INFLUENCE MENTAL HEALTH

Culture influences the Asian health belief system and has an effect on the diagnosis and treatment of mental disorders. Several key cultural factors that are relevant to this process are described below. However, there is tremendous cultural variability among groups and heterogeneity within groups. These factors will have differing effects, depending on the individual's degree of acculturation, socioeconomic status, and immigration status. Our emphasis here is on new immigrants, who comprise 2.6% of the US population,[1] and those who are more traditionally oriented. We have chosen this focus because it is these patients who experience the greatest barriers to receiving mental health care. Key cultural factors are:

- **Language** Knowledge of English is one of the most important factors influencing access to care. Asian languages and dialects usually are not widely spoken outside the individual's ethnic group and, depending on degree of acculturation, even within it. According to

Summary points

- Cultural factors, such as language, age, gender, and others, can influence the mental health of Asians, particularly immigrants

- Traditional (adhering to native values) Asians place great value on the family as a unit. Each individual has a clearly defined role and position in the family hierarchy and is expected to function within that role, submitting to the larger needs of the family

- Social stigma, shame, and saving face often prevent Asians from seeking behavioral health care

- Asian patients are likely to express psychological distress as physical complaints

the President's Advisory Commission on Asian Americans and Pacific Islanders, 42% of Vietnamese American, 41% of Korean American, and 40% of Chinese American households are "linguistically isolated." This designation means that no one in the household age 14 years or older speaks English "very well."[4]

- **Level of acculturation** Typically, it takes three generations for immigrants to fully adopt the lifestyle of the dominant culture. This interval is about the amount of time it takes to accept Western medical care more readily than traditional care.[5]

- **Age** In general, the younger people are when they migrate, the more readily they adapt to living in a country in the West.

- **Gender** Historically, men have acculturated more rapidly than women. This standard may be changing, however, as women enter the work force.

- **Occupational issues** Especially among undocumented immigrants, professionals and highly skilled technicians often cannot access pathways to their previous careers because of language or license verification issues. Some are forced to accept low level jobs as is the case with white-collar workers who become piece-goods workers in garment factories and dishwashers or line cooks in restaurants where they earn minimum wage or less. Sometimes, women earn more than men, thereby disrupting family expectations and traditional values.[6]

- **Family structure and intergenerational issues** (see below).

- **Religious beliefs and spirituality** The predominant religions of Asians who do not practice some form of

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Christianity or Muslim religion are: Buddhism, which promotes spiritual understanding of disease causation; Confucianism, an ethical belief system that stresses respect for authority, filial piety, justice, benevolence, fidelity, scholarship, and self-development; Taoism, which is the basis for *yin* and *yang* theory; and animism, which is the belief that human beings, animals, and inanimate objects possess souls and spirits.

- **Traditional beliefs about mental health** In the traditional belief system, mental illnesses are caused by a lack of harmony of emotions or, sometimes, by evil spirits. Mental wellness occurs when psychological and physiologic functions are integrated. Some elderly Asian Americans share the Buddhist belief that problems in this life are most likely related to transgressions committed in a past life. In addition, our previous life and our future life are as much a part of the life cycle as our present life.

Health beliefs and behaviors of Chinese, Japanese, Korean, and Vietnamese cultures are briefly summarized in the Table.

Culture shapes the expression and recognition of psychiatric problems. The influence of the teachings and philosophies of a Confucian, collectivist tradition discourages open displays of emotions in order to maintain social and familial harmony or to avoid exposure of personal weakness. Saving face—the ability to preserve the public appearance of the patient and family for the sake of community propriety—is extremely important to most Asian groups. Patients may not be willing to discuss their moods or psychological states because of fears of social stigma and shame. In many Asian cultures, mental illness is stigmatizing; it reflects poorly on family lineage and can influence others' beliefs about the suitability of an individual for marriage. It is more acceptable for psychological distress to be expressed through the body than through the mind.[1,7-11]

The Asian American family

Traditional (adhering to native values) Asians place great value on the family as a unit. Each individual has a clearly defined role and position in the family hierarchy, which is determined by age, gender, and social class. Each person is expected to function within that role, submitting to the larger needs of the family. Rituals and customs such as ancestor worship, family celebrations, funeral rites, and the maintenance of genealogy records reinforce this concept. To achieve peaceful coexistence with the family and others, harmonious interpersonal relationships and interdependence are emphasized. Mutual obligations and shame are the mechanisms that help to reinforce societal expectations and proper behavior.

Extended families are common among Asian Americans, and two or three generations often live in the same household. In traditional Asian American families, major decision-making is the purview of the father, followed by the oldest son who receives preferential treatment on the assumption that he will accept greater responsibility in the care of the family. The mother's job is to nurture and care for her husband and children. Female children have a lower status than male children within the family. In some cultures, such as the Chinese, the wife is expected to become part of her husband's family.

Gender

Traditional roles for men and women prevail among the Vietnamese. Women usually maintain that their husbands have a legitimate right to make final decisions, and they usually will withdraw from spousal conflict to maintain harmony within the family.

Traditional beliefs and behaviors relating to mental health

Culture	Beliefs	Coping behaviors and treatments
Chinese	Mental illness caused by lack of harmony of emotions or by evil spirits	Often try traditional herbs and acupuncture first; healers may be used concurrently to get rid of evil spirits
Japanese	Mental illness caused by evil spirits; often thought not to be real illness	Delay or avoid seeking professional help; many will use traditional sources of care
Korean	Mental illness caused by disruption of harmony within individual or by ancestral spirit coming back to haunt patient because of past bad behavior; result of bad luck or misfortune; payback for something done wrong in the past; is considered shameful	May deny problems, resulting in helplessness and depression; not likely to reveal the problem unless asked; may show signs through nonverbal communication and posture; may use shamanism
Vietnamese	Depression is sadness	Not readily acknowledged because of stigma; usually try home remedies, spiritual consultations, or Chinese herbs before seeking Western medical care; some use of exorcists; seek help only when problems become acute or obvious; family members try to cheer up or distract the patient

Source: Lipson JG, Dibble SL, Minarik PA. *Culture and Nursing Care: A Pocket Guide*. San Francisco, CA: UCSF Nursing Press; 1996.

Many Chinese girls who are abandoned by their parents grow up in orphanages

Women are at particularly high risk for the development of psychiatric disorders during their lifetimes. Most major mood and anxiety disorders, with the exception of obsessive compulsive disorder, occur more frequently in women than in men.[12] Various biologic, social, and cultural hypotheses have been advanced to explain this phenomenon.

Unfortunately, the value placed on males manifests in sex-specific infanticide and a disproportionate number of females in orphanages and available for adoption in China.

In the United States, traditional Asian expectations of women can severely conflict with ideals that emphasize independent thinking, achievement, and self-sufficiency, even at the expense of others' feelings and needs. These conflicting values can play out in several ways:

- Stress and conflict in teenagers lead to isolation and withdrawal or acting out behaviors that in turn can lead to depression

- Spousal conflict can occur as women work in and interact with a culture in which their status is compared to that of their husband

- Resistance to or refusal of psychiatric treatment resulting from chronic low self-esteem can lead to a sense of fatalism

Among persons aged 15 to 24 and older than 65, Asian females are at the greatest risk of suicide compared with women of all other racial groups.[13]

Health practitioners must be sensitive and attuned to these issues so they can enhance the therapeutic alliance and do not miss opportunities for diagnosis and treatment.

The life cycle

Asian society has specific expectations of each age group that differ greatly from those in American society. Because of this difference, all age groups are exposed to conflicts or clashes that may increase the risk for development of mental illness.

Children and adolescents

Children are highly valued in Asian American families. They are taught to be polite, quiet, shy, humble, and deferential. Conformity to expectations is emphasized, and emotional outbursts are discouraged. Failure to meet the family's expectations brings shame and loss of face to both the children and their parents. Parents are seldom forthcoming with affection and praise because of fear that such demonstrations will encourage laziness. Education is important and children who do not do well in school bring shame to their families. Positive reinforcement and discussion of personal achievements are uncommon.

Adolescence has limited meaning in most Asian cultures because individuation carries little value and seeking a definition of self outside the family is not encouraged.

Children usually acculturate more readily than their parents and other elders. Members of older generations benefit from this rapid acculturation by the children serving as interpreters and negotiators for them in the new culture. Although parents expect their children to acquire the language and skills that will enable them to be successful in their new country, they often are reluctant to have them fully embrace most aspects of American culture for fear that they will abandon their native culture. For example, parents may encourage their children to learn English in order to succeed in American society but may refuse to allow them to speak English at home. Such confusing messages to the child lead to transgenerational conflict.

Young adults

For many Asians, young adulthood means achieving for the family. However, with increased exposure to or immersion in Western cultures and values, and conflict between peer pressure and family expectations, many young Asian American adults begin to question their family values. Interpersonal relationships become more of a challenge. Interracial relationships may cause serious conflicts because of parental fears that biracial children will diffuse the family lineage and culture. Asian men may feel pressured to date only women from their specific ethnic group.

Many Asian adults may misunderstand the meaning of the often brief and transient personal relationships that are

common in urban settings in the West. Young adults also face such dilemmas as deciding the group with which they want to be identified and having one identity at home and another when out in public, a phenomenon known as dual identity.

Often the obligation to parents takes precedence over the individual's choice of career. Choice of a career that is different from that chosen by his or her parents can result in loss of emotional and financial support.

Other stresses facing Asian young adults are shown in box 2.

The elderly

Whereas elderly Americans emphasize independence as a means to maintain their self-esteem and to avoid becoming burdens to their children, elderly Asians look forward to having their grown children care for them. Traditional Asian elders tend to have full control over family and financial decisions whether or not they live with their children. Most elderly Chinese immigrants prefer to have their children move in with them rather than moving in with their children. They are not inclined to value independence and, when they live separately, it is to avoid conflict over family roles.

Elders are highly respected and honored by all Asian cultures. In extended Chinese families, grandparents often are responsible for the care of grandchildren. Families are expected to care for their children and elders. Japanese Americans frequently maintain separate households from their children and grandchildren. Korean and Vietnamese elders are welcomed to live with their children for the rest of their lives. Those who reside with children and grandchildren are viewed as having been rewarded for everything they have provided to younger generations.

ELICITING PATIENTS' VIEWS ABOUT THEIR ILLNESS

Culturally competent assessment and treatment of mental health problems in Asian Americans requires that health

Elders are honored and respected and often play a key role in raising their grandchildren

professionals ask patients and their family members to share their cultural views on the cause of the problem, past coping patterns, health care-seeking behaviors, and treatment expectations.[14] In the context of health care, the physician-patient relationship is not seen as a partnership; rather, the physician is considered the authority. Asian patients will answer questions but are not likely to raise issues, and they will tell the physician what they think he or she wants to hear. The health care provider must reassure patients that they may talk about their problems and no judgments about them or their family will be made.

Box 2 Stresses facing Asian young adults

- Peer pressure to smoke, drink, and have sex
- Pressure to conform to societal norms of individuation, which often conflict with traditional family expectations
- Common traditional Asian modes of communication (eg, being indirect, avoiding direct conflict, respect for authority through verbal and nonverbal behavior, and deference toward authority figures) often are not understood within the majority culture
- New immigrants face severe and sudden challenges to cope with the culture and demands of a new country
- Anti-Asian sentiment

Kleinman's seminal work in the development of a health explanatory belief model has led to a series of questions that can be used to elicit information from patients and their families (box 3).[15] Specifically, these questions draw out patients' understanding of the causes of illness. The explanatory model is critical to successful patient engagement because it provides a context for diagnosis and treatment negotiation.

Another important step for the practitioner is to identify sources of support and strength to the individual, family, and community network in past adaptation, coping, and problem solving.[16] In Asian culture, strength lies in the Confucian teaching of the "middle way," the Buddhist teaching of compassion, the strong focus on the importance of family harmony and interpersonal relationships, and the high value of education and hard work. Asian cultures emphasize family, friends, and ethnic community. During a crisis, Asian families can usually count on support from extended family members, friends/villagers, and community network and organizations. We find it helpful to explore, recognize, and make use of these support systems in the treatment process.

Successful assessment of mental health problems in the Asian American patient is based on:

- Practitioner awareness of individual patient demography
- The patient's beliefs about health and mental health
- Eliciting an explanatory model from the patient
- Negotiation around acceptable diagnosis and treatment
- Use of the family support system to increase adherence to treatment regimens and to reduce barriers

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Box 3 Questions from the Patient's Cultural Health Beliefs Questionnaire

1 What brought you to the doctor today?
2 What do you think caused your problem?
3 Why do you think it started when it did?
4 What do you think your sickness does to your body?
  a How does it work?
5 How bad is your sickness?
  a Has this difficulty interfered with your normal daily routines?
  b If yes, how?
6 How long do you think it will last?
7 Do you know others who have had this problem?
  a What did they do to treat it?
8 Did you discuss the problem with any of your relatives or friends?
  a What did they say?
9 What kinds of medicines, home remedies, or other treatments have you tried for this sickness? (Include quantity, dosage, frequency, how treatments prepared)
  a Did they help?
  b Are you still using them?
10 What type of treatment do you think you need from the doctor today?
  a What do you hope the treatment will do for you?
11 Do you think there is any way to prevent this problem in the future?

Adapted from: Kleinman A, Eisenberg L, Good B. Culture, illness and care: Clinical lessons from anthropologic and cross-cultural research. *Ann Intern Med* 1978;88:251-258.

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International adoption: resources for physicians and families

Organizations throughout the United States, both nonprofit charities and government agencies, provide assistance, guidance, and relevant medical, legal, and sociologic information with regard to the process of international adoption. See a list of resources available on the World Wide Web in *Netphiles* on the next page.